

BP-S717.055
DEC 05

Fifteen Minute Restraints Check Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>4111 DAVID</u>		Reg. No.: <u>12535-007</u>		Inst.: <u>Lewisburg</u>	
24-Hour Period Beginning: <u>6-24-10</u>		Time: <u>7:45</u>		Ending: _____	
Date		Time		Date	
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
7:45	lying on Bench	PK			
8:00	lying on Bench	PK			
8:15	lying on Bench	PK			
8:30	lying on Trolley	PK			
8:45	lying on Bench	PK			
9:00	lying on Bench	PK			
9:15	lying on Bench	PK			
9:30	standing at Door	BT			
9:45	standing at Door	BT			
10:00	sitting on Bed	BT			
10:15	out of Restraints	BT			

PRINTED STAFF NAME	INIT
TC. Hines	PK

PRINTED STAFF NAME	INIT

Attachment F

BP-S718.055 Two-Hour Lieutenant Restraints Check Form (24-Hours) CDFRM
DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>	Reg. No.: <u>12585-007</u>	Inst.: <u>LEW</u>
24-Hour Period Beginning: <u>6-22-10</u> <u>9:10 AM</u> Ending: _____ Date Time Date Time		
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * A Lieutenant must check the general welfare of the inmate every two (2) hours. * Use a separate form for every 24-hour period the inmate remains in restraints.		* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance.

Lieutenant Name: <u>J. Heppner</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>11:00 AM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe Inmate's Behavior: <u>Inmate asked if he would be calm if removed from restraints. Inmate stated "fuck you" Has not regained self control.</u>		
Action Taken: <u>Continue Restraints</u>		

Lieutenant Name: <u>J. Heppner</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>12:00 pm</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe Inmate's Behavior: <u>Inmate stated "fuck no" when asked if he would be calm if removed from restraints and placed in cell with another inmate.</u>		
Action Taken: <u>Continue Restraints</u>		

Lieutenant Name: _____ (Typed Name and Signature)	Date: _____	Time: _____
Desired Calming Effect? Yes <input type="checkbox"/> No <input type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe Inmate's Behavior: _____		
Action Taken: _____		

BP-8718.055 Two-Hour Lieutenant Restraints Check Form (24-Hours) CDFRM
 DEC 05
 U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>	Reg. No.: <u>12585-007</u>	Inst.: <u>USP Lewisburg</u>
24-Hour Period Beginning: <u>6/22/10</u> Date <u>2:45 PM</u> Time Ending: _____ Date _____ Time _____		
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * A Lieutenant must check the general welfare of the inmate every two (2) hours. * Use a separate form for every 24-hour period the inmate remains in restraints. * Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance.		

Lieutenant Name: <u>P. Carrasquillo</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>4:00 PM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe Inmate's Behavior: <u>PH still acting aggressive. Stated "I can be here forever and won't change."</u>		
Action Taken: <u>Continue in Restraints</u>		

Lieutenant Name: <u>P. Carrasquillo</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>6:00 PM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe Inmate's Behavior: <u>PH stated, "Fuck this shit!" "I can do this all night. Water given. Fed him lunch."</u>		
Action Taken: <u>Continue in Restraints</u>		

Lieutenant Name: <u>R. Johnson</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>8:00 PM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe Inmate's Behavior: <u>PH restraints checked, paramedic checked PH, PH refused water. PH attitude poor at this time.</u>		
Action Taken: <u>Remain in restraints</u>		

Lieutenant Name: Parrasgulla [Signature] Date: 6/22/10 Time: 10:00 AM
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: IM feeling agitated and attitude poor
stated, "Go fuck yourself!" This is bullshit! "He then
asked for water. I gave him 8 ounces of water

Action Taken: Continue of Restraints

Lieutenant Name: EShant Date: 6/23/10 Time: 1200
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: inmate refused to speak used
Urinal. Can not determine behavior

Action Taken: Continue in restraints

Lieutenant Name: EShant lhl Date: 6/23/10 Time: 200 A
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: inmate given water restraints adjusted
would not speak other than complaining about restraints
given 8 oz of water

Action Taken: Continue in restraints

Lieutenant Name: EShant lhl Date: 6/23/10 Time: 400 A
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: inmate refused to answer questions
given Urinal to use. Can not determine behavior

Action Taken: Continue in restraints

Lieutenant Name: EShawn (Typed Name and Signature) Date: 6/23/10 Time: 600A

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Restraints checked PA checked would not speak can not determine if under control

Action Taken: Continue in restraints

Lieutenant Name: M SAYLOR (Typed Name and Signature) Date: 6/23/10 Time: 800 Am

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Restraints checked PA checked I/m would not answer any questions, no response no way to determine if I/m is under control

Action Taken: CONTINUED RESTRAINTS

Lieutenant Name: J. Heor (Typed Name and Signature) Date: 6/23/10 Time: 1000

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate remains agitated and verbally aggressive. Attempted to converse with inmate, I/m stated "Fuck you motherfucker". Banging restraints against bed. Not calm. Refused use of toilet, food, and water.

Action Taken: Continue Restraints

Lieutenant Name: M SAYLOR (Typed Name and Signature) Date: 6/23/10 Time: 1200

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: I/m REMAINS NON-COMPLIANT REFUSES TO ANSWER QUESTIONS, CONTINUES TO STRUGGLE AGAINST RESTRAINTS WHEN CHECKS ARE PERFORMED

Action Taken: CONTINUE RESTRAINTS

Lieutenant Name: [Signature] Date: 6/23/10 Time: 1400
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate continues to threaten violence towards any inmate he is placed in a cell with. Refused use of toilet and water when offered.

Action Taken: Continue Restraints

Lieutenant Name: [Signature] Date: 6/23/10 Time: 4:00 PM
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: I/M very aggressive and upset. Stated, "Fuck you Lt. You work for the white man!" Offered water, he refused.

Action Taken: Continue in Restraints

Lieutenant Name: [Signature] Date: 6/23/10 Time: 6:00 PM
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate stated, "Lieutenant take me the fuck out of these cuffs or someone is going to get hurt."

Action Taken: Remain in Restraints

Lieutenant Name: [Signature] Date: 6/23/10 Time: 8:00 PM
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: I/M upset and is agitated. Attempted to feed but was too aggressive. Water offered. I believe not to take restraints off due to staff safety and his comments.

Action Taken: Continue in Restraints

Lieutenant Name: Carrasquillo Date: 6/23/10 Time: 10:00 PM
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: IM was offered meal one more time, stated, "Fuck you!" offered water, he accepted. IM still very upset and displays aggressive behavior towards staff.

Action Taken: Continue in restraints.

Lieutenant Name: D. Fort Date: 6/24/10 Time: 12:00
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate hostile stating "I want to fuck on you down here, you ain't no lieutenant."

Action Taken: Remain in restraints

Lieutenant Name: D. Fort Date: 6/24/10 Time: 2:00
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate still very aggressive stated "Get on real fucking lieutenant in here, you ain't shit."

Action Taken:

Lieutenant Name: D. Fort Date: 6/24/10 Time: 4:00
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate still aggressive and again saying "I need a real lieutenant or do the checker."

Action Taken: Remain in restraints

Lieutenant Name: S. Fusi (Typed Name and Signature) Date: 6-24-10 Time: 6:00

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate with disrespects, started "S" in
front of seeing you so just got the back of her

Action Taken: Remain in restraints

Lieutenant Name: Childress (Typed Name and Signature) Date: 6-24-10 Time: 0830

Desired Calming Effect? Yes ☒ No ☐ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate displaying calming effect

Action Taken: Remove 4-point and place in ambulatory restraints

Lieutenant Name: Childress (Typed Name and Signature) Date: 6-24-10 Time: 1000

Desired Calming Effect? Yes ☒ No ☐ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: Inmate displays calming effect,

Action Taken: Removal from ambulatory restraints

Lieutenant Name: _____ (Typed Name and Signature) Date: _____ Time: _____

Desired Calming Effect? Yes ☐ No ☐ Toilet Used? Yes ☐ No ☐

Describe Inmate's Behavior: _____

Action Taken: _____

(This form may be replicated via WP)

Attachment G

BP-A719.055
DEC 05

Health Services Restraint Review Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name:

Hill

Reg. No.:

12585-007

Inst.:

USP Lewisburg

24-Hour Period Beginning: 06/22/2010 3:00 pm Ending: _____
 Date Time Date Time

Instructions:

- * Enter beginning and ending dates/times at top of form for each 24-hour period.
- * Use a separate form for every 24-hour period the inmate remains in restraints.

- * Health Services staff must check the inmate twice during each eight (8) hour shift.
- * This form is used in addition to regular inmate medical file.

Initial Assessment	Date: 06/22/2010	Time: 3:00 pm	Staff: B. Walls, Paramedic
			Typed Name and Signature
Body Position: Supine	Restraints (circulation):		No compromise
Vital Signs: BP: (+) radials	Pulse: 84	Resp: 16	Temp: w/d
Current Medication(s): See BEMR			
Injuries, if any (complete separate inmate injury report):			None
Comments: No medical complaints			

Date: _____	Time: _____	Staff: _____
Typed Name and Signature		
Body Position: _____	Restraints (circulation): _____	
Vital Signs: BP: _____	Pulse: _____	Resp: _____ Temp: _____
Injuries Update: _____		
Inmate Use of Toilet: _____		
Inmate Consumption of Food or Liquid: _____		
Overall Assessment of Inmate Health: _____		
Comments: _____		

Date: 6/23/10 Time: 780615 Staff: 666mm Typed Name and Signature: [Signature]

Body Position: SUPINE Restraints (circulation): none

Vital Signs: BP: Pulse: 78 Resp: 16 Temp:

Injuries Update: None

Inmate Use of Toilet: PROVIDED

Inmate Consumption of Food or Liquid: 802 of WATER 0200

Overall Assessment of Inmate Health: APPEARS WELL

Comments:

Date: 6/23/10 Time: 12:00 Staff: 666mm Typed Name and Signature: [Signature]

Body Position: SUPINE Restraints (circulation): REFUSED

Vital Signs: BP: REFUSED Pulse: Resp: 17 Temp:

Injuries Update: None

Inmate Use of Toilet: PROVIDED

Inmate Consumption of Food or Liquid: PROVIDED

Overall Assessment of Inmate Health: APPEARS WELL

Comments: INMATE STATED FUCK OFF

Date: 6/23/10 Time: 1353 Staff: 666mm Typed Name and Signature: [Signature]

Body Position: SUPINE Restraints (circulation): REFUSED

Vital Signs: BP: REFUSED Pulse: Resp: 16 Temp:

Injuries Update: None

Inmate Use of Toilet: PROVIDED

Inmate Consumption of Food or Liquid: APPEARS WELL

Overall Assessment of Inmate Health: PROVIDED

Comments: INMATE STATED FUCK OFF

(This form may be replicated in via WP)

Date:	6/24/10	Time:	0600	Staff:	F. FASCIANA PA
				Typed Name and Signature	
Body Position:	Lying		Restraints (circulation):	Good	
Vital Signs:	BP:	Pulse:	75	Resp:	16
				Temp:	Afebrile
Injuries Update:	None noted				
Inmate Use of Toilet:	Available				
Inmate Consumption of Food or Liquid:	YES				
Overall Assessment of Inmate Health:	Good				
Comments:	Inmate talkative, alert & oriented				

Date:		Time:		Staff:	
				Typed Name and Signature	
Body Position:			Restraints (circulation):		
Vital Signs:	BP:	Pulse:		Resp:	
				Temp:	
Injuries Update:					
Inmate Use of Toilet:					
Inmate Consumption of Food or Liquid:					
Overall Assessment of Inmate Health:					
Comments:					

Date:		Time:		Staff:	
				Typed Name and Signature	
Body Position:			Restraints (circulation):		
Vital Signs:	BP:	Pulse:		Resp:	
				Temp:	
Injuries Update:					
Inmate Use of Toilet:					
Inmate Consumption of Food or Liquid:					
Overall Assessment of Inmate Health:					
Comments:					

(This form may be replicated in via WP)

Attachment H

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Fasciana, Francis MLP	Race: BLACK
Encounter Date: 06/24/2010 06:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Fasciana, Francis MLP

Chief Complaint: No Complaint(s)

Subjective: - Inmate in 4-point restraints.
- Voices no complaints at this time.
- Refers being in restraints "because I don't want to take on a cellmate."
- Refers has been drinking water and eating daily.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/24/2010	09:01 LEW	75	Radial		Fasciana, Francis MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/24/2010	09:01 LEW	16	Fasciana, Francis MLP

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Affect

Pleasant (yes), Cooperative (yes)

Peripheral Vascular

Arms

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Capillary Refill Normal (yes)

ASSESSMENT:

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
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Inmate Name: HILL, DAVID	Sex: M	Reg#: 12585-007
Date of Birth: 05/16/1971	Provider: Fasciana, Francis MLP	Race: BLACK
Encounter Date: 06/24/2010 06:00		Facility: LEW

Description	ICD9	Status	Status Date	Progress	Type
Other medical exam for administrative purposes	V70.3	Current	06/22/2010	Not Improved/Same	Temporary/Acute

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
06/24/2010	Counseling	Access to Care	Fasciana, Francis	Verbalizes Understanding
06/24/2010	Counseling	Preventive Health	Fasciana, Francis	Verbalizes Understanding

Inmate encouraged to continue eating/drinking water daily. Encouraged to adhere to custody procedures.

Copay Required:No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Fasciana, Francis MLP on 06/24/2010 09:05

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name	HILL, DAVID	Sex	M	Reg#	42585-007
Date of Birth	05/16/1971	Provider	Fasciana, Francis MLP	Race	BLACK
Encounter Date	06/24/2010 06:00			Facility	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:30.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M
Encounter Date: 06/24/2010 00:00:01	Provider: Prince, B. EMT-P
	Race: BLACK
	Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Prince, B. EMT-P

Chief Complaint: No Complaint(s)

Subjective: IM in 4-point restraints. Offers no medical complaint.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/24/2010	00:01 LEW	87	Via Machine	Regular	Prince, B. EMT-P

Respirations:

Date	Time	Rate Per Minute	Provider
06/24/2010	00:01 LEW	16	Prince, B. EMT-P

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/24/2010	00:01 LEW	122/68	Left Arm	Lying	Adult-large	Prince, B. EMT-P

SaO2:

Date	Time	Value(%)	Air	Provider
06/24/2010	00:01 LEW	98	Room Air	Prince, B. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Appears in Pain (no), Appears in Distress (no)

Affect

Pleasant (yes), Cooperative (yes)

Pulmonary

Observation/Inspection

Normal (yes)

Cardiovascular

Inmate Name: HILL, DAVID	Sex: M	Reg.#: 12585-007
Date of Birth: 105/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/24/2010 00:01		Facility: LEW

Exam:**Observation**

Normal Rate (yes), Regular Rhythm (yes).

Peripheral Vascular**Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Other:**

Restraint checks. IM drank 360ml of water.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/24/2010	Counseling	Access to Care	Prince, B.	Verbalizes Understanding

Copay Required:No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Prince, B. EMT-P on 06/24/2010 00:23

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Prince, B. EMT-P	Race:	BLACK
Encounter Date:	06/24/2010 00:04			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:30.

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 18:20		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Prince, B. EMT-P

Chief Complaint: Breathing Problems

Subjective: IM in 4-point restraints. States he is having an asthma attack.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	18:20 LEW	88	Radial	Regular	Prince, B. EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	18:20 LEW	16	Prince, B. EMT-P

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/23/2010	18:20 LEW	99	Room Air	Prince, B. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Dyspneic (no), Appears in Pain (no), Appears in Distress (no), Pale (no), Cyanotic (no), Diaphoretic (no)

Affect

Cooperative (no), Agitated (yes)
IM irritated and yelling at the Lt non-stop, in full sentences without difficulty.

Pulmonary

Observation/Inspection

Normal (yes), Respiratory Distress (no), Tachypnea (no), Obstructive Breathing (no)

Auscultation

Clear to Auscultation Bilaterally (yes)

Cardiovascular

Observation

Normal Rate (yes), Regular Rhythm (yes)

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 18:20		Facility: LEW

Exam:**Peripheral Vascular****Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

Genitourinary

Urine noted on bed and clothes.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Other:**

Restraint check. IM offered food and water but declined.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	Prince, B.	No Evidence of Learning
06/23/2010	Counseling	Diet	Prince, B.	No Evidence of Learning

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/23/2010 18:46

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name	HILL, DAVID	Reg #	12585-007
Date of Birth	05/16/1971	Sex	M
Encounter Date	06/23/2010 18:20	Provider	Prince, B EMT-P
		Race	BLACK
		Facility	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:29.

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 16:15		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Prince, B. EMT-P

Chief Complaint: No Complaint(s)

Subjective: IM in 4-point restraints. Offers no medical complaint.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	16:15 LEW	68	Radial	Regular	Prince, B. EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	16:15 LEW	16	Prince, B. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Appears in Pain (no), Appears in Distress (no)

Affect

Cooperative (no), Agitated (no)

Pulmonary

Observation/Inspection

Normal (yes)

Cardiovascular

Observation

Normal Rate (yes), Regular Rhythm (yes)

Peripheral Vascular

Arms

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

Genitourinary